

**South Central Child Development, Inc.**  
**Wagner, SD**  
**Travel Expense Statement**

Name \_\_\_\_\_ Position \_\_\_\_\_  
 Period Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Period Ending \_\_\_\_/\_\_\_\_/\_\_\_\_ County \_\_\_\_\_

Date	From	To	Odometer Reading		Total Miles	Purpose of Travel
			Begin	End		

Total Number of Miles \_\_\_\_\_  
 Amount Claimed \_\_\_\_\_

I certify that this statement, the amounts claimed and the attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Signature of Traveler \_\_\_\_\_

Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Executive Director \_\_\_\_\_

Date \_\_\_\_\_